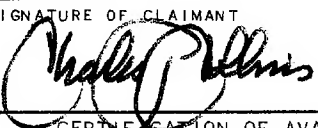


~~SECRET~~
(When Filled In)

(b) (1)
(b) (2)
(b) (3)

**APPLICATION AND CLAIM FOR HOME
SERVICE TRANSFER ALLOWANCE**

BU. YOU. NO.

NAME Charles P. Collins				PRIOR POST OF ASSIGNMENT <div style="border: 1px solid black; width: 100px; height: 20px;"></div>		DATE ARRIVAL HEADQUARTERS 7 October 1956	
OFFICE ADDRESS OCI, Room <div style="border: 1px solid black; width: 50px; height: 15px;"></div> Building <div style="border: 1px solid black; width: 50px; height: 15px;"></div>		TELEPHONE EXT. <div style="border: 1px solid black; width: 50px; height: 15px;"></div>		PCS TRAVEL ORDER NUMBER <div style="border: 1px solid black; width: 100px; height: 15px;"></div>		WITH DEPENDENTS <input checked="" type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMP.	
GRADE GS-15		ANNUAL SALARY \$12,690		DATE OF TRAVEL ORDER 5 April 1956		WITHOUT DEPENDENTS.	
PERIOD OF CLAIM May 1954--October 1956		DATE RETURNED TO DUTY IN U.S. 8 October 1956		TEMPORARY QUARTERS ADDRESS <div style="border: 1px solid black; width: 100%; height: 20px;"></div>			
DEPENDENTS AT NEW POST				TYPE OF QUARTERS			
NAME		RELATIONSHIP		DATE OF BIRTH			
Anne V.		wife		1918		<input type="checkbox"/> HOUSE <input type="checkbox"/> APARTMENT	
Charles P.		son		1943		<input type="checkbox"/> HOTEL <input type="checkbox"/> MOTEL	
John B.		son		1945		OTHER (Explain) <div style="border: 1px solid black; width: 100%; height: 15px;"></div>	
James O.		son		1947		<input type="checkbox"/> FURNISHED <input type="checkbox"/> UNFURNISHED	
PAYMENT INSTRUCTIONS Cash				TEMPORARY LODGING ALLOWANCE CLAIM			
<div style="font-size: 2em; font-weight: bold;">PAID</div> <div style="font-size: 1.5em; font-weight: bold;">JAN 3 1957</div>				RENT		\$	
				UTILITIES (If charged separately)		\$	
				TOTAL (If actual exceeds maximum allowable do not itemize but insert maximum allowance.)			
				ATTACH RECEIPTS		\$	
REMARKS <div style="text-align: center; font-weight: bold;">(Use reverse side if more space is required)</div>				TRANSFER ALLOWANCE CLAIM			
				ZONE 2		TO ZONE 2	
				<input checked="" type="checkbox"/> WITH DEPENDENTS		<input type="checkbox"/> WITHOUT DEPENDENTS	
				AMOUNT CLAIMED		\$ 300.00	
TOTAL CLAIMED ON THIS APPLICATION (Transfer Allowance and/or Temporary Lodging Allowance)				\$ 300.00			
APPLICABLE TO BOTH APPROVING OFFICER AND CLAIMANT							
<i>It is understood that claimant does not intend to resign, retire, or otherwise separate himself from CIA during the period of his assignment in the United States and, in keeping with the policy of Career Service, upon completion of such assignment He shall again be subject to assignment to a post outside the Continental United States.</i>							
APPLICABLE TO CLAIMANT ONLY							
<p>(1) I certify that the above claim is true and correct and that I have not been reimbursed therefor from any other source.</p> <p>(2) I agree that if I should voluntarily separate from the Agency within six (6) months from the date I returned to duty in the United States, I shall repay to the Agency the full amount received from this claim, unless my reasons for separation are acceptable to the Director of the Agency.</p> <p style="text-align: right;">APPROVED FOR RELEASE DATE: DEC 2007</p>							
SIGNATURE OF CLAIMANT 		DATE 20 Dec 56		SIGNATURE OF APPROVING OFFICER		DATE	
CERTIFICATION OF AVAILABILITY OF FUNDS				CERTIFIED FOR PAYMENT OR CREDIT			
ALLOTMENT ACCOUNT NO. <div style="border: 1px solid black; width: 100px; height: 15px;"></div>		OBLIG. REF. NO. <div style="border: 1px solid black; width: 100px; height: 15px;"></div>		DATE		AMOUNT	
DATE 28 Dec 56		AUTHORIZED OFFICER <div style="border: 1px solid black; width: 50px; height: 15px;"></div>		AUTHORIZED <div style="border: 1px solid black; width: 50px; height: 15px;"></div>		ER	
FOR ACCOUNTING USE							
DESCRIPTION (13-22)		EXP. CODE (40-42)		ADVANCE ACCT. NO. (47-52)		G.L. ACCT. NO. (53-57)	
						ALLOT. LEDGER ACCT. NO. & VOU. NO. (59-67)	
						OBJ. CLASS (68-70)	
						AMOUNT (71-80) DR. CR.	

~~SECRET~~